

---

# Nebraska

## *Workers' Compensation Court*

# Schedule of Fees for Hospitals and Ambulatory Surgical Centers

***Effective July 1, 2006***

**Note:** See Schedule of Fees for Hospitals and Ambulatory Surgical Centers, effective January 1, 2008, for services provided on or after January 1, 2008, and for inpatient hospital services provided prior to January 1, 2008 when the discharge occurs after that date.



# Schedule of Fees for Hospitals and Ambulatory Surgical Centers

---

## Instructions

This schedule applies to charges made by a hospital for inpatient, outpatient, and other services provided by the hospital or any facility operating under the license of the hospital. In addition, it applies to charges made by facilities licensed as ambulatory surgical centers.

### 1. PROFESSIONAL SERVICES

Charges by a hospital or ambulatory surgical center for the professional component of medical or surgical services provided by a physician or other licensed health care provider are subject to the Schedule of Medical Fees, rather than this schedule, and the maximum fee for such services shall be determined in accordance with the Medical Schedule.

### 2. IMPLANTABLE MEDICAL DEVICES

Hospitals and ambulatory surgical centers shall be separately reimbursed for certain implantable medical devices in accordance with the Implantable Medical Devices Schedule. Charges by a hospital or ambulatory surgical center for implantable medical devices not subject to the Implantable Medical Devices Schedule shall be reimbursed in accordance with Instruction 3 of this schedule.

### 3. OTHER SERVICES

All charges by a hospital or ambulatory surgical center for services other than professional services and other than implantable medical devices reimbursed separately in accordance with the Implantable Medical Devices Schedule shall be reimbursed in accordance with this Instruction.

**Tier I:** All hospitals and all licensed ambulatory surgical centers located in or within 20 miles of a Nebraska city of the metropolitan class or primary class and all hospitals and ambulatory centers located outside the boundaries of the State of Nebraska shall be Tier I facilities. If payment is made to a Tier I facility within 60 days of receipt of the bill, the fee under this schedule shall be 80 percent of billed charges. If payment to a Tier I facility is made more than 60 days after receipt of the bill, the fee under this schedule shall be 85 percent of billed charges.

**Tier II:** Hospitals with 51 or more licensed beds and not classified under Tier I and licensed ambulatory surgical centers located in or within 20 miles of a Nebraska city of the First Class shall be Tier II facilities. If payment is made to a Tier II facility within 60 days of receipt of the bill, the fee under this schedule shall be 90 percent of billed charges. If payment to a Tier II facility is made more than 60 days after receipt of the bill, the fee under this schedule shall be 92.5 percent of billed charges.

**Tier III:** Hospitals with 50 licensed beds or less and not classified under Tier I, all critical access hospitals, and all licensed ambulatory surgical centers not classified under Tier I or Tier II shall be Tier III facilities. If payment is made to a Tier III facility within 60 days of receipt of the bill, the fee under this schedule shall be 94 percent of billed charges. If payment to a Tier III facility is made more than 60 days after receipt of the bill, the fee under this schedule shall be 96 percent of billed charges.

A bill submitted electronically is presumed to have been received on the date of the electronic verification of receipt by the payor or the payor's representative. A bill submitted by mail is presumed to have been received five business days after the bill has been placed in the United States mail with first-class postage prepaid.

A payment made electronically is presumed to have been made on the date of the electronic verification of receipt by the facility or the facility's representative. A payment made by mail is presumed to have been made five business days after the payment has been placed in the United States mail with first-class postage prepaid.

*Select this link for a list of Nebraska hospitals and ambulatory centers and their classifications.*